

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: VIKING INSURANCE COMPANY OF WISCONSIN  
 NAIC Number: 11401  
 Name of Advisory Organization Whose Filing You are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: N/A Proposed Effective Date: 05/08/2006

Contact Person: Dimitar Tonev  
 Signature: \_\_\_\_\_  
 Telephone No: 1-800-322-2733 X 3174

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
BI	3.9%	3.0%	X	X	X	X	X
PD	0.8%	3.0%	X	X	X	X	X
COMP	3.2%	0.0%					
COLL	-1.5%	0.0%					
UM	3.9%	0.0%					
MP	5.8%	0.0%					
TOTAL OVERALL EFFECT			1.9%	2.9%			

N Apply Lost Cost Factors to Future Filings? (Y or N)  
3.0 Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-0% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

								Selected Provisions
Rate Change History				5 Year History	Incurred	Arkansas	Countrywide	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	
03	4157	-0.0	12/08/03	2013	862	43	55.1	A. Total Production Expense <u>13.4</u>
02	3185	10/6	3/22,12/02	3342	1329	40	66.8	B. General Expense <u>9.0</u>
01	4243	9.5/7.5	9/26,12/31	3323	2901	87	75.6	C. Taxes, License & Fees <u>2.8</u>
00	2283	3.2	5/29	1846	1211	66	72.3	D. Underwriting Profit & Contingencies <u>4.2</u>
								E. Other (explain) _____
								F. TOTAL <u>29.4</u>

